



# Space Coast United Soccer Club MiniKicker (U5) Program Fall 2009 Registration Form



**Note:** For the Fall 2009 season, the first 5 MK sessions will be held at VRP & the last 5 sessions will be held at WKM.

FOR OFFICIAL CLUB USE ONLY (To be completed by an SCUSC Board Member):		Taken By: _____
_____ Returning: Player Pass No: _____	Verified _____	Check No: _____
_____ New Player: Birth Certificate Received _____		Division: _____
NOTES: _____		Last Season: _____

Player Information					
Legal Last Name	Legal First Name	MI	Name Player Goes By	Gender	DOB
Home Phone/Alternate Phone	Street Address		City	State	Zip
Parent/Guardian Names			E-Mail Address		
Does the player have any Medical Issues or Special Needs? If so, please explain:				Player jersey / T-Shirt Size: Circle One	
				YXS    YS    YM	

## Club Support & Sponsorship

As an organization run completely by volunteers, SCUSC **REQUIRES** each family volunteer a MINIMUM of two (2) hours of service to the club (per registered player) in some capacity each season of play. FAMILIES MAY ELECT TO PAY A SUPPLEMENTAL \$25.00 FEE (PER PLAYER) TO HAVE THE VOLUNTEER REQUIREMENT WAIVED. **Failure to fulfill your volunteer obligation will result in a \$50 assessment for the associated player upon their next registration.**

- Field Prep                      Volunteer's Name: \_\_\_\_\_
- Concession                      Volunteer's Name: \_\_\_\_\_
- Sponsorship (Circle One): \$250 (Team)    \$100 (Gold)    \$75 (Silver)    \$50 (Bronze) ..... **\$** \_\_\_\_\_
- Team Sponsor (Company) Name: \_\_\_\_\_
- I prefer to pay the additional \$25 fee – Please DO NOT contact me to volunteer ..... **\$** \_\_\_\_\_

## Registration Information

**MiniKicker Registration Fee** ..... **\$ 70.00**

If you would like to order **ADDITIONAL** shirts for the player or parent, please fill in the quantities below.  
 \_\_\_ YXS    \_\_\_ YS    \_\_\_ YM    \_\_\_ YL    \_\_\_ AS    \_\_\_ AM    \_\_\_ AL    \_\_\_ AXL    \_\_\_ 2XL @ \$10 each ... **\$** \_\_\_\_\_

**Discounts:**  Sibling Discount     Other: \_\_\_\_\_ **\$** (    )

**Late Registration Fee:** \$25 fee for registrations received after June 20, 2009 ..... **\$** \_\_\_\_\_

**TOTAL AMOUNT DUE (Make checks payable to SCUSC)** ..... **\$**

**FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE.** It is FYSA's policy that all players compete at a level they are capable of both physically and developmentally. For a player to move up more that one normal age grouping will require approval from the affiliate's director of coaching or agent of record, and the FYSA Director of Coaching.

**Insurance Notice:** All injuries must be reported within 90 days of the date of the injury.

**Informed Consent:** I, the parent/guardian of the registrant, agree that we will abide by the rules of Space Coast United Soccer Club, the state association (FYSA) and all its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_